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# United Nations Population Fund

## Country programme document for Belarus

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| Proposed indicative UNFPA assistance: | $3.7 million: $1.5 million from regular resources and $ 2.2 million through co-financing modalities and/or other resources, including regular resources |
| Programme period: | Five years (2016-2020) |
| Cycle of assistance: | Second |
| Category per decision 2013/31: | Pink |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other resources | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 0.6 | 0.3 | 0.9 |
| Outcome 3 | Gender equality and women's empowerment | 0.1 | 1.0 | 1.1 |
| Outcome 4 | Population dynamics | 0.6 | 0.9 | 1.5 |
| Programme coordination and assistance | | 0.2 | – | 0.2 |
| **Total** | | 1.5 | 2.2 | 3.7 |

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# I. Situation analysis

1. Belarus gained independence in 1991. It is a landlocked country of 207,600 square kilometres consisting of seven administrative units. An upper-middle-income country, Belarus has a developed industrial sector and a highly educated and skilled labour force that compensates for the shortage of natural resources. Its multidimensional poverty index is among the lowest (0.001) and the percentage of the population living below the national poverty line is quite low, at 4.8 per cent in 2014, compared to other developing countries. However, Belarus still has a number of population groups that remain vulnerable to poverty, including families with three or more children, single-parent households, elderly, migrants and refugees, and disabled persons.

2. Belarus has adopted a gradual path to market reforms. Its Ease of Doing Business ranking markedly increased from 129 in 2007 to 57 in 2015. However, it remains highly vulnerable to external factors and shocks: the country faced a high current account deficit of about 10 per cent of gross domestic product (GDP) in 2013, falling merchandise exports and competitiveness. In 2014, growth in real household incomes, wages and pensions began to slow down and the country's inflation rate rose to 16.2 per cent. The private sector share of GDP in 2013 was 44.6 per cent, the lowest among all transition economies.

3. Belarus has made significant progress in overall human development, with a human development index of 53 among 187 countries and a ranking of 28 on the gender inequality index in 2013, according to the Human Development Report 2014.

4. Despite positive trends in fertility and longevity, Belarus is facing a natural population decline. As of 1 January 2015, the population was 9.5 million. The decrease is a result of demographic trends observed in the country's development since World War II, and is also due to the population's reaction to the economic crisis and deterioration of living conditions in the 1990s. In 2014, the total fertility rate was 1.7 children per woman. In 2014, there was a steady increase in the number of Ukrainian citizens entering the Republic of Belarus: 16,029 people received a temporary residence permit; 7,340 a permanent residence permit; 663 applied for refugee status, which gives them access to services. The main influx was from the Lugansk and Donetsk regions of Ukraine.

5. The maternal mortality ratio declined from 21.3 per 100,000 live births in 2000 to 0.8 per 100,000 live births in 2014. Nevertheless, there has been a deterioration in women's health and maternal health. In 2013, the maternal morbidity level stood at 72.7 per 100 women who had completed pregnancy and in 2014 that figure was 71.1. The Ministry of Health is developing a national strategy on reproductive health, and is willing to revise facility-based protocols in the area of reproductive health to ensure their alignment with international standards and World Health Organization (WHO) recommendations.

6. Improved access to and quality of family planning services contributed to a reduction in the abortion rate, from 46 abortions per 1,000 women aged 15 to 49 years in 2000 to 13 per 1,000 women in 2013. However, there is no regular account of the contraceptive prevalence rate, especially of modern methods, used by women.

7. Youth aged 15-24 years, constituting 12.2 per cent of the population at the beginning of 2014, remain the most vulnerable group in the area of sexual and reproductive health. In 2013, 1 in 17 abortions in the country took place among young females under 20 years. Youth also accounted for over half of all HIV cases in 2014. The HIV epidemic in Belarus has a low prevalence among the general population (0.14 per cent in 2014) and higher rates among key affected populations. Sexual contact remains the main way by which people contract the illness, at 62 per cent in 2014. The state's response to HIV is regulated by the state programme on HIV prevention; to complement the efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria and other United Nations organizations, more focus is needed on HIV prevention. Youth and adolescents' knowledge of sexual and reproductive health is limited.

Enhanced education for young people about safe sexual behaviour is therefore important in preventing unintended pregnancies, especially among adolescents, and the sexual transmission of HIV and other sexually transmitted diseases.

8. In 2013, life expectancy at birth was 67.3 years for men and 77.9 years for women in Belarus. The difference in life expectancy between men and women in rural areas is higher. It is calculated that 13.9 per cent of the population is age 65 and older, a figure projected to reach 27.6 per cent by 2050. Belarus needs to develop a coherent policy framework for the elderly in line with the Madrid International Plan of Action to strengthen national capacity in that area.

9. The Government recognizes the importance and urgency of the demographic problem, and has proposed a legislative framework that aims to address the problem. The law on demographic security was adopted in 2002 and is being implemented through the national programmes for demographic security.

10. Although Belarus undertook steps to strengthen data collection and analysis through the gradual adoption of international standards, availability and use of quality disaggregated data in policymaking remains a challenge. National capacity in the use of population data and projections to better inform public policymaking and planning require improvement.

11. In 2000, WHO ranked the Belarusian health-care system 53 out of 190 countries, considering its overall health system one of the best in that region. However, Belarus should consider undertaking health-care reform to ensure the effectiveness of and to strengthen disease prevention and primary health care. It should also enlarge the share of doctors working as general practitioners and providing primary care.

12. Non-communicable diseases represent a significant challenge for the quality of life of Belarusians. According to WHO, the age-standardized mortality rate was 802 per 100,000 persons in 2012, with 683 deaths (85.1 per cent) caused by non-communicable diseases. Of this, the proportional mortality (percentage of total deaths) for cancer amounted to 14 per cent. In the past decade (2005-2015), the number of breast cancer cases increased by 35 per cent. The cervical cancer mortality rate in Belarus is currently 4.9 per 100,000 persons per year. A high incidence of breast and cervical cancers is due to the limited number of screening programmes for early detection.Pilot projects of screening programmes are currently being undertaken only in Minsk.

13. Belarus has made progress in complying with international human rights treaty obligations, including the Convention on Elimination of All Forms of Discrimination against Women. However, gender inequalities persist. Women experience an up to 25 per cent wage gap compared to men; women are underrepresented in decision-making and men's engagement in parenthood and domestic duties is limited. Existing gender stereotypes significantly contribute to gender-based discrimination, including domestic violence. Despite progress, domestic violence is still widespread and underreported, with almost every third surveyed woman and every fourth surveyed man experiencing physical violence. Women, the elderly and migrants are especially vulnerable to domestic violence. The intersectoral response mechanism to prevent and counteract domestic violence throughout the country is not yet in place. The capacity of health-care professionals to respond to gender-based violence must be strengthened; a separate law on domestic violence does not exist. National efforts to address gender inequality and gender-based violence need further support.

## II. Past cooperation and lessons learned

14. The first UNFPA country programme (2010-2015) contributed to (a) developing and improving national and subnational social and population policies and programmes; (b) establishing prevention and protection systems to reduce gender-based violence, including domestic violence; and (c) integrating the reproductive health needs of the population in national and sectoral policies and programmes.

15. The midterm review of the programme, independent programme review and several evaluations highlighted a number of key achievements: (a) high relevance of the programme to needs, evolving priorities and international commitments of Belarus; (b) sustainability of results; (c) successful leveraging of funds; (d) solid foundation for the institutionalization of an intersectoral referral system for domestic violence victims; (e) national commitment to develop comprehensive legislation to counteract domestic violence; and (f) improved availability of population-related disaggregated data and population projections for policymakers and the general public.

16. Lessons learned and recommendations for the next country programme included the following: (a) renew the focus on sexual and reproductive health; (b) strengthen institutional and organizational capacity-building in preventing domestic violence; (c) ensure that an intersectoral referral system for domestic violence victims is in place throughout the country; (d) strengthen partnerships for policy advocacy and resource mobilizations; and (e) advocate for comprehensive evidence-informed policy development and implementation, coordinated among all relevant stakeholders, in accordance with the provisions of international human rights treaties. The recommendations of the midterm reviews, independent programme reviews and evaluations are fully reflected in the proposed programme.

## III. Proposed programme

17. The proposed second country programme, 2016-2020, will contribute to the post-2015 development agenda, and is aligned with the UNFPA strategic plan, 2014-2017, the United Nations Development Assistance Framework (UNDAF) 2016-2020, and the priorities identified in national strategic documents and during stakeholder consultations.

18. In line with the UNFPA business model for middle-income countries, the programme in Belarus will shift to advocacy and upstream policy support. The programme will work on a transformative development agenda that is universal, inclusive, human-rights based, integrated and anchored in the principles of equality. Key programming strategies include advocacy, policy dialogue and advice, and generating evidence for policy development.

19. The programme contributes to two UNDAF priority areas: (a) inclusive, responsive and accountable governance; and (b) sustainable human capital development: health, education, social inclusion and protection, and comprehensive post-Chernobyl development. Regional programmes will enhance the support to the cross-cutting issues of importance for the countries in the region.

### A. Outcome 1: Sexual and reproductive health

20. Output 1: Strengthened policy and national capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups. UNFPA interventions will focus on policy dialogue, knowledge management and technical assistance, in order to (a) develop costed sexual and reproductive health policies and strategies; (b) formulate and review evidence-based clinical protocols in obstetrics, gynaecology, breast and cervical cancer, and improve the quality of care standards; (c) design national educational standards on reproductive and sexual health to be integrated in the curriculum of general practitioners and health professionals in line with international standards; (d) develop and institutionalize the teaching of content on reproductive health for young people; and (e) address teen pregnancies and HIV prevention issues.

### B. Outcome 3: Gender equality and women's empowerment

21. Output 1: Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality. UNFPA will provide advocacy and technical support to (a) develop policies and laws preventing and counteracting gender-based violence, particularly domestic violence; (b) strengthen intersectoral mechanisms to

prevent and counteract domestic violence; (c) implement recommendations of United Nations treaty bodies, particularly the Committee on the Elimination of All Forms of Discrimination against Women, and approved recommendations of the Universal Periodic Review; and (d) develop and implement gender-sensitive and family-friendly legislation, policies and programmes.

### C. Outcome 4: Population dynamics

22. Output 1: Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development. UNFPA will provide advocacy, knowledge management and technical assistance to help (a) increase the accessibility and use of disaggregated data for informed rights-based policy development; (b) develop an innovative approach when conducting the new census round; (c) design an effective monitoring and evaluation system to support sustainable and inclusive policies on population dynamics, sexual and reproductive health and rights, gender equality, adolescents and youth, and the elderly; (d) improve the system of higher education on demographics; and (e) foster policy dialogue for improved understanding of interlinkages between population dynamics, sexual and reproductive health and rights and sustainable development, including in the context of the post-2015 development agenda.

## IV. Programme management, monitoring and evaluation

23. The Ministry of Foreign Affairs will coordinate the country programme. UNFPA will work to maintain effective well-established partnerships while pursuing new partners based on their capacity to deliver high-quality programmes in line with the country office partnership plan. UNFPA will collaborate with government institutions, as the main partners in programme implementation, local authorities, civil society organizations, including faith-based organizations, United Nations organizations and the media.

24. UNFPA, the Government and partner organizations continue to be committed to and accountable for delivering the expected results of the programme by conducting joint monitoring, reviews and the final programme evaluation, and will ensure the implementation of audit recommendations.

25. The country office will develop a resource mobilization strategy geared towards leveraging resources from international and bilateral donors, new donors, the private sector and the Government in order to implement the country programme. It will proactively participate in joint programmes and projects in the areas of sexual and reproductive health, population and development, gender equality and youth.

26. The country office will consist of a non-resident UNFPA country director based in Ukraine, an assistant representative, programme and support staff funded from integrated institutional and programme budgets. Owing to the shift towards advocacy and policy advice, it will be necessary to reprofile staff away from the technical to more analytical or advocacy skill sets. The programme will utilize the integrated technical and programmatic support provided at global and regional levels.

## RESULTS AND RESOURCES FRAMEWORK FOR BELARUS (2016-2020)

**National priorities**: High-quality health care and healthy lifestyles; quality of education and healthcare; ensuring reproduction of the population and health improvements; greater inclusion and empowerment of vulnerable groups
**UNDAF outcomes:** By 2020, the health system will have been strengthened to ensure sustained reduction in premature deaths from four major non-communicable diseases (cardiovascular, cancer, diabetes and respiratory) through the creation of a comprehensive preventive environment and universal access to primary health care; key populations have universal access to integrated services for prevention, diagnosis, treatment and care of major communicable diseases (HIV); vulnerable groups and the population at large have equal access to high-quality health care, education and social protection services that effectively address their needs.
**Indicator:** Prevalence of modern contraceptives methods among women. *Baseline: to be identified in 2016; Target: 20% increase*

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **Outcome 1: Sexual and reproductive health**<br>Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access<br>Outcome indicator(s):<br>• Contraceptive (modern) prevalence rate<br>*Baseline: to be identified in 2016; Target: 20% increase*<br>• Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence are nationally adopted and implemented<br>*Baseline: No; Target: Yes* | Output 1: Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups | • National strategy on reproductive health is developed and adopted<br>*Baseline: No; Target: Yes*<br>• Number of national guidelines and protocols in obstetrics/gynaecology developed and aligned through support of UNFPA that are compliant with international standards and WHO recommendations<br>*Baseline: 0 Target: 10*<br>• Maternal mortality surveillance and response system (WHO "near-miss" case review methodology) operational at national and regional levels<br>*Baseline: No; Target: Yes*<br>• National curriculum for general practitioners and doctors' assistants training includes a component on sexual and reproductive health at international standards developed and adopted<br>*Baseline: No; Target: Yes*<br>• Educational programmes for facultative and special courses on 'reproductive health for young people' are developed and adopted<br>*Baseline: No; Target: Yes* | Ministries of Health; Education; Parliament; Belarusian State Medical University; national academic partners; Belarusian Medical Academy of Post-graduate Education; development partners; United Nations organizations; civil society organizations | $0.9 million ($0.6 million from regular resources and $0.3 million from other resources) |
| **National priorities:** Development of governance systems for sustainable development; ensuring more inclusive social and political processes, with gender equality as a cross-cutting issue; creating family-friendly environment for combination of work and family duties; enhanced prestige of parenthood<br>**UNDAF outcome:** By 2020, state institutions ensure responsive, accountable and transparent governance to enable citizens to benefit from all human rights in line with international principles and standards; the system of ensuring life safety of children and adults is significantly enhanced<br>**Indicator:** Proportion of Universal Periodic Review accepted recommendations. *Baseline: 0%; Target 70%* | | | | |
| **Outcome 3: Gender equality and women's empowerment**<br>Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth<br>Outcome indicator(s):<br>• Proportion of Universal Periodic Review accepted | Output 1: Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality | • Gender-based violence (with a focus on domestic violence) prevention, protection and response is integrated into national legislation and programmes, and is in line with international standards<br>*Baseline: Not fully, improvements needed; Target: Fully*<br>• Number of state institutions and civil society organizations that, with UNFPA support, has an integrated response mechanism to prevent and counteract domestic and gender-based violence<br>*Baseline: 70 state institutions; 19 non-governmental* | Ministries of Labor and Social Protection; Health; Foreign Affairs, Interior; Education; regional state entities; Parliament; faith-based organizations; United Nations organizations; development partners; the media; academia; | $1.1 million ($0.1million from regular resources and $1 million from other resources) |

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| recommendations on reproductive rights from the previous reporting cycle implemented or action taken *Baseline: 0%; Target: 70%* | | *organizations (NGO)s; Target: 170 state institutions; 25 NGOs*<br>• A functioning implementation and analysis system of recommendations made by international organizations on reproductive rights and gender equality is in place *Baseline: No; Target: Yes* | civil society organizations; the private sector | |
| **National priorities:** Human capital development and efficient use of human potential; development of governance systems for sustainable development; ensuring transparency and openness of the public administration bodies<br>**UNDAF outcome:** By 2020, state institutions will ensure responsive, accountable and transparent governance to enable citizens to benefit from all human rights in line with international principles and standards<br>**Indicator:** Number of new or amended policies and programmes that are evidence-based and in line with international standards. *Baseline: 0; Target: 3* | | | | |
| **Outcome 4: Population dynamics** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality<br>Outcome indicator(s):<br>• Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets *Baseline: 0; Target: 3* | Output 1: Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development | • National institutional capacity to collect, analyse and disseminate disaggregated data by sex, age and regions is strengthened *Baseline: No; Target: Yes*<br>• Number of demographic analysis and population projections integrated into national development policies and programmes *Baseline: 0; Target: 5*<br>• Number of educational programmes on population and development integrated into curricula of institutions of higher education; educational institutions; organisations providingpost-graduate educational programmes. *Baseline: 1; Target: 4*<br>• Number of national development programmes with an improved monitoring and evaluation system in place *Baseline: 0; Target: 1* | National Statistics Committee; Ministries of Health, Education; Economy (including its Economy Research Institute); Labour and Social Protection (including its Scientific Research Institute and its Republican Institute of Refresher Training); Belarusian State University; of United Nations organizations; civil society organizations; development partners | $1.5 million ($0.6 million from regular resources and $0.9 million from other resources)<br>Total for programme coordination and assistance: $0.2 million from regular resources and $0 million from other resources |